Debtor 1	Curtis		Fitzpatrick	
	First Name	Middle Name	Last Name	Check if this is:
Debtor 2	Angela	Renae	Fitzpatrick	An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name	, in the second
United States Bankru	uptcy Court for the:	EASTERN DISTRICT O	OF TEXAS	A supplement showing post-petition
Case number	13-20136			chapter 13 income as of the following da
(if known)				MM / DD / YYYY
				WIII.7 22 7 1 1 1 1
fficial Form E	3 61			
chadula I: V	our Income			12/
chedule i. i	our income			121
	curato as nossiblo I	If two married people are		and Debtor 2), both are equally responsible for supplying u, include information about your spouse. If you are

Fill in your employment information. Debtor 1 Debtor 2 or non-filing spouse If you have more than one job, attach a separate page with **Employment status** Employed Employed information about additional Not employed Not employed employers. Occupation Peace Officer Principal Include part-time, seasonal, or self-employed work. Employer's name City of Marshall Marshall ISD Occupation may include student or homemaker, if it applies. Employer's address P.O. Box 698 1305 E Pinecrest Number Street Number Street Marshall ΤX 75671 Marshall ΤX 75670 City State Zip Code City State Zip Code How long employed there? 10 Years 8 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$3,751.16	\$4,532.15
3.	Estimate and list monthly overtime pay.	3.	+\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$3,751.16	\$4,532.15

				Fo	Debtor 1			Debtor 2 or -filing spouse	_	
	Cop	y line 4 here	4.		\$3,751.16			\$4,532.15		
5.	-	all payroll deductions:						• • • • • • • • • • • • • • • • • • • 		
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$571.90			\$399.84		
	5b.	Mandatory contributions for retirement plans	5b.		\$0.00			\$0.00		
	5c.	Voluntary contributions for retirement plans	5c.		\$0.00			\$329.44		
	5d.	Required repayments of retirement fund loans	5d.	_	\$0.00			\$0.00		
	5e.	Insurance	5e.		\$0.00			\$728.81		
	5f.	Domestic support obligations	5f.		\$0.00			\$0.00		
	5g.	Union dues	5g.		\$0.00			\$0.00		
	5h.	Other deductions. Specify: See continuation sheet / See continuation sheet	5h.	+	\$739.49			\$208.29		
6.	Add	the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.		\$1,311.39			\$1,666.38		
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$2,439.77			\$2,865.77		
8.	List	all other income regularly received:								
	8a.	Net income from rental property and from operating a business, profession, or farm	8a.		\$0.00			\$0.00		
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.								
	8b.	Interest and dividends	8b.		\$0.00			\$0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	_	\$0.00			\$0.00		
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.								
	8d.	Unemployment compensation	8d.		\$0.00			\$0.00		
	8e.	Social Security	8e.		\$0.00			\$0.00		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.		\$0.00		_	\$0.00		
	8g.	Pension or retirement income	8g.		\$0.00			\$0.00		
	8h.	Other monthly income.								
		Specify: See continuation sheet	8h.	+	\$746.18			\$0.00		
9.	Add	all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.		\$746.18			\$0.00		
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		\$3,185.95	+		\$2,865.77]=	\$6,051.72
11.	Inclu	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dedoor relatives.		ts, you	r roommates, an	ıd otl	her			
		not include any amounts already included in lines 2-10 or amounts that are not availed.	ailable to	pay e	cpenses listed in					
	Spec	cify:						11.	+	\$0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certain I			bined monthly in			12.		\$6,051.72
	vviilt	e diac amount on the Summary of Schedules and Statistical Summary of Celtain I	Liavillues	anu r	icialeu Dala, II II	αμμι				Combined monthly income
13.	Do y	rou expect an increase or decrease within the year after you file this form?								monthly income
		No. None.								
		Yes. Explain:								

Totals:

Filed, 07/14

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\$586.18

\$160.00

\$746.18

\$0.00

\$0.00

\$0.00

curtisCase 13-20136

Marshall ISD Security

Tax refund pro rata

Debtor 1

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	I in this	s information to i	denti	fy your case:						Desc Main	
	ebtor 1				Eitznot	riok	l	ck if this			
D	ebioi i	Curtis First Name		Middle Name	Fitzpat Last Na				ended filing ement showing	nost-netition	
_	-1-40	A I		D	F:4	atat.			13 expenses a		
	ebtor 2 Spouse, if fi	Angela iling) First Name		Renae Middle Name	Fitzpat Last Na			followin			
				- A OTEDNI DIOTDIOT /	OF TEVAO						
		s Bankruptcy Court for the	: .	EASTERN DISTRICT (JF IEXAS				D / YYYY		
	ase numbe known)	er <u>13-20136</u>								ebtor 2 because eparate househ	
							_				
<u>Offi</u>	icial Fo	orm B 6J									
Scł	nedule	J: Your Expe	nse	S						12	2/13
nore quest	space is r tion.	e and accurate as possib needed, attach another s	heet t	o this form. On the to							
Pa	rt 1:	Describe Your H	ouse	ehold							
	ls this a jo	oint case?									
	_	Go to line 2. Does Debtor 2 live in a se No Yes. Debtor 2 mus		household? separate Schedule J.							
<u>2</u> .	Do you ha	ave dependents?		No							
	Do not list Debtor 2.	Debtor 1 and	Ø	Yes. Fill out this information each dependent		Dependent's relation Debtor 1 or Debtor 2	ship to		Dependent's age	Does depende	
	Do not stat	te the dependents'				Daughter			17	No No	
	names.									Yes	
						Son			10	☐ No	
										Yes	
									40	☐ No	
						Son			13	- Yes	
										□ No - □ Yes	
										□ No	
						,				Yes	
	expenses	expenses include	☑	No Yes							
	yoursen a	and your dependents?	Ч								
Pa	rt 2:	Estimate Your O	ngoi	ing Monthly Ex	penses						
		expenses as of your ban ankruptcy is filed. If this								expenses as of a	
nclud	de expens	es paid for with non-cas	h gov	ernment assistance if	•	•		uie	applicable date.		
iave	ıncıuded i	it on Schedule I: Your Ind	come (Oπicial Form B 6l.)					Your expense	s	
		I or home ownership exp and any rent for the ground		-	Include first mo	rtgage		4	. <u> </u>	\$978	3.56
	If not inclu	uded in line 4:									
	4a. Real	estate taxes						4	·a	\$0	0.00
	4b. Prop	perty, homeowner's, or rent	er's ins	surance				4	-b.	\$(0.00
		ne maintenance, repair, and						4			5.00
		neowner's association or co	-						.d		0.00

Debtor 1 curtisCase 13-20136 Filed 02/07/14 Entered 02/07/14 14:00:02 13. Desc Main Document Page 5 of 7 Doc 39

Your expenses

		Your expens	ses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6.	Utilities:		_
	6a. Electricity, heat, natural gas	6a.	\$250.00
	6b. Water, sewer, garbage collection	6b.	\$75.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$75.00
	6d. Other. Specify: Internet/Cable	6d.	\$159.00
7.	Food and housekeeping supplies	7.	\$1,000.00
8.	Childcare and children's education costs	8.	\$0.00
9.	Clothing, laundry, and dry cleaning	9.	\$250.00
10.	Personal care products and services	10.	\$0.00
11.	Medical and dental expenses	11.	\$275.00
12.	Transportation. Include gas, maintenance, bus or train fare.	12.	\$500.00
42	Do not include car payments.	42	£0.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$0.00
14.	Charitable contributions and religious donations	14.	\$75.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$7.92
	15b. Health insurance	15b.	\$0.00
	15c. Vehicle insurance	 15c.	\$422.67
	15d. Other insurance. Specify:	 15d.	\$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
	Specify:	16	\$0.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1 Auto Installment	17a.	\$202.00
	17b. Car payments for Vehicle 2	17b	\$0.00
	17c. Other. Specify:	17c.	\$0.00
	17d. Other. Specify:	17d	\$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay	18.	\$0.00
	on line 5, Schedule I, Your Income (Official Form B 6I).		
19.	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
20	Specify: Other real property expenses not included in lines 4 or 5 of this form or an	19	\$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a.	\$0.00
	20b. Real estate taxes	20b.	\$0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
	20e. Homeowner's association or condominium dues	20e.	\$0.00
21.	Other. Specify: See continuation sheet	21. +	\$903.00
-		T	•••••

Debt	tor 1	curtisCase 13	-20136	Doc 39	Filed, Q2/07/14		0a7/14hb14f00h02	! ₁₃₋ എകൂട Main
		First Name	Middle	e Name	Document	Page 6 of 7		
22.		r monthly expenses. result is your monthly		nrough 21.			22.	\$5,248.15
23.	Calc	ulate your monthly i	net income.					
	23a.	Copy line 12 (your	combined mo	nthly income) fror	n Schedule I.		23a	\$6,051.72
	23b.	Copy your monthly	expenses froi	m line 22 above.			23b. _	\$5,248.15
	23c.	Subtract your mon The result is your r		•	y income.		23c	\$803.57
24.	Do y	ou expect an increa	se or decreas	se in your expen	ses within the year after y	ou file this form?		
				• .	an within the year or do you nodification to the terms of y			
	$\overline{\mathbf{A}}$	No.						
		Yes. Explain here: None.						
		1						

Middle Name

21. Other. Specify:

Cell Phone [multiple lines] \$250.00 **School Activities** \$100.00 **School Lunches** \$150.00 \$60.00 Pet Food / Veterinary / Pet Supplies **Housekeeping Supplies** \$100.00 Personal Care Products / Haircuts \$150.00 Income Taxes - Debtor Marshall ISD Security Job \$54.00 Tax Prep Fee \$15.00 Car Tags/Registration \$24.00

> Total: \$903.00